

# 1992 Epidemiology

| Section H – SMOKING HABITS  |   | RT 72 |
|---|---|-------|
|   |   | 3-4   |
| These next questions are about cigarette smoking.   |   | 5     |
| 1. Have you smoked at least 100 cigarettes in your entire life?<br><i>If asked: approximately 5 packs</i> | <input type="checkbox"/> Yes (2)<br><input type="checkbox"/> No<br><input type="checkbox"/> DK } (Section J)                        |       |
| 2. How old were you when you first started smoking cigarettes?  | _____ Age<br><input type="checkbox"/> DK  | 6-7   |
| 3. Do you now smoke cigarettes every day, some days, or not at all?                                       | <input type="checkbox"/> Every day (4)<br><input type="checkbox"/> Some days (5)<br><input type="checkbox"/> Not at all (Section J) | 8     |
| 4. On the average, how many cigarettes do you now smoke a day?  | _____ Cigarettes a day } (Section J)<br>(Number)<br><input type="checkbox"/> DK   | 9-10  |
| 5a. On how many of the past 30 days did you smoke cigarettes?   | <input type="checkbox"/> None (Section J)<br><br>_____ Days } (5b)<br>(Number)<br><input type="checkbox"/> DK                       | 11-12 |
| b. On the average, when you smoked, about how many cigarettes did you smoke a day?                        | _____ Cigarettes a day }<br>(Number)<br><input type="checkbox"/> DK   | 13-14 |

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| Section T – SMOKING HABITS  |   | RT 92 |
|---|---|-------|
|   |   | 3-4   |
| These next questions are about cigarette smoking.   |   | 5     |
| 1. Have you smoked at least 100 cigarettes in your entire life?<br><i>If asked: approximately 5 packs</i> | <input type="checkbox"/> Yes (2)<br><input type="checkbox"/> No<br><input type="checkbox"/> DK } (Section W)  |       |
| 2. How old were you when you first started smoking cigarettes fairly regularly?                           | _____ Age<br><input type="checkbox"/> Never smoked regularly<br><input type="checkbox"/> DK                   | 6-7   |
| 3. Do you smoke cigarettes now?   | <input type="checkbox"/> Yes (4)<br><input type="checkbox"/> No (5)   | 8     |
| 4. Do you now smoke cigarettes every day or some days?  | <input type="checkbox"/> Every day (6)<br><input type="checkbox"/> Some days (7)                              | 9     |
| 5. Do you now smoke cigarettes "not at all" or "some days"?   | <input type="checkbox"/> Not at all (Section V)<br><input type="checkbox"/> Some days (7)                     | 10    |
| 6. On the average, how many cigarettes do you now smoke a day?  | _____ Cigarettes a day } (Section U)<br>(Number)<br><input type="checkbox"/> DK                               | 11-12 |
| 7a. On how many of the past 30 days did you smoke cigarettes?   | <input type="checkbox"/> None (Section V)<br><br>_____ Days } (7b)<br>(Number)<br><input type="checkbox"/> DK | 13-14 |
| b. On the average, when you smoked, about how many cigarettes did you smoke a day?                        | _____ Cigarettes a day } (Section U)<br>(Number)<br><input type="checkbox"/> DK                               | 15-16 |

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| Section U – CURRENT SMOKER  |   | 17  |
|---|---|---|
| <b>ITEM U1</b>  | Refer to question 4, page 22, Section T to determine if SP now smokes every day.  | <input type="checkbox"/> Every day in 4 (4)<br><input type="checkbox"/> All others (1)  |
| <b>1. Have you EVER smoked cigarettes every day for at least 6 months?</b>  |   | <input type="checkbox"/> Yes (2)<br><input type="checkbox"/> No } (12)<br><input type="checkbox"/> DK }   |
| <b>2a. About how long has it been since you last smoked cigarettes every day?</b>   | Number $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Month} \\ 4 \text{ Years} \end{array} \right\}$ (3)  | If 1 year or 12 months ago, go to 2b; otherwise go to 3.  |
|   | 999 <input type="checkbox"/> DK (2b)  |   |
| <b>b. Was it within the past year or a year or more ago?</b>  |   | <input type="checkbox"/> Within the past year<br><input type="checkbox"/> 1 year or more<br><input type="checkbox"/> DK                               |
| <b>3a. On the average, how many cigarettes did you smoke a day when you last smoked every day?</b>  | Number Cigarettes a day   |   |
|   | 99 <input type="checkbox"/> DK  |   |
| <b>b. What is the total number of years you smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer?</b>      | Number Years $\left. \vphantom{\begin{array}{l} 00 \\ 99 \end{array}} \right\}$ (12)  |   |
|   | 00 <input type="checkbox"/> None or less than one year<br>99 <input type="checkbox"/> DK  |   |
| <b>4. What is the total number of years you have smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer.</b> | Number Years  |   |
|   | 00 <input type="checkbox"/> None or less than one year<br>99 <input type="checkbox"/> DK  |   |
| <b>5a. Have you EVER stopped smoking for one day or longer?</b>   |   | <input type="checkbox"/> Yes (5b)<br><input type="checkbox"/> No } (12)<br><input type="checkbox"/> DK }  |
| <b>b. In your whole life how many times have you stopped smoking for one day or longer, including the last time?</b>                                      | Number Times  |   |
|   | 99 <input type="checkbox"/> DK  |   |
| <b>6a. During the PAST 12 MONTHS, have you stopped smoking for one day or longer?</b>   |   | <input type="checkbox"/> Yes (6b)<br><input type="checkbox"/> No } (6c)<br><input type="checkbox"/> DK }  |
| <b>b. How many times during the past 12 months have you stopped smoking for one day or longer?</b>  | Number Times $\left. \vphantom{\begin{array}{l} 99 \\ 99 \end{array}} \right\}$ (7)   |   |
|   | 99 <input type="checkbox"/> DK  |   |
| <b>c. How long ago was the last time you stopped smoking for one day or longer?</b>   |   | <input type="checkbox"/> 1–5 years<br><input type="checkbox"/> 6–10 years<br><input type="checkbox"/> 10 years or more<br><input type="checkbox"/> DK |
| <b>7. How long did you actually stay off cigarettes the last time you stopped smoking?</b>  | Number $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Month} \\ 4 \text{ Years} \end{array} \right.$   |   |
|   | 999 <input type="checkbox"/> DK   |   |
| <b>HAND CARD U1.</b>  |   | 39  |
| <b>8. The last time you stopped smoking did you stop on purpose, were you sick, or was there some other reason you couldn't smoke?</b>                    |   | 40  |
|   | <input type="checkbox"/> I stopped on purpose<br><input type="checkbox"/> I could not smoke because I was sick<br><input type="checkbox"/> I could not smoke for some other reason<br><input type="checkbox"/> DK | 41  |
| Mark all that apply.  |   | 42  |

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| Section U – CURRENT SMOKER – Continued  |   |  |                            |                            | 43                                     |                            |                            |                            |    |
|---|---|--|----------------------------|----------------------------|--|----------------------------|----------------------------|----------------------------|----|
| <b>ITEM U2</b>  | Refer to question 8.  | 1 <input type="checkbox"/> Box 2, Stopped for sickness ONLY (11)<br>2 <input type="checkbox"/> All others (9)  |                            |                            |  |                            |                            |                            |    |
| <b>HAND CARD U2.</b> Read each category if telephone interview.<br><b>9. The last time you stopped smoking, what were the reasons you stopped?</b><br>Mark each that applies.   |   | 1 <input type="checkbox"/> Concern about my future health<br>2 <input type="checkbox"/> Concern about my health at the time<br>3 <input type="checkbox"/> Pressure from family and friends<br>4 <input type="checkbox"/> Cost of cigarettes<br>5 <input type="checkbox"/> Pregnancy<br>6 <input type="checkbox"/> Some other reason (Specify) _____<br>9 <input type="checkbox"/> DK |                            |                            | 44<br>45<br>46<br>47<br>48<br>49<br>50 |                            |                            |                            |    |
| <b>10. The LAST TIME you stopped smoking, did you –</b><br>(1) Stop smoking along with friends or relatives who were also trying to quit? .....<br>(2) Use a prescription chewing gum called "Nicorette"? .....<br>(3) Follow instructions in a pamphlet or book? .....<br>(4) Use a stop-smoking clinic or program? .....<br>(5) Stop all at once, or stop "cold turkey"? .....<br>(6) Use any other method? ..... |   | Yes  | No                         | DK                         | 51<br>52<br>53<br>54<br>55<br>56       |                            |                            |                            |    |
| <b>11. When trying to stop smoking, have you EVER –</b><br>a. gradually decreased the number of cigarettes you smoked in a day? .....<br>b. switched to lower tar or nicotine cigarettes? .....   |   | Yes  | No                         | DK                         | 57<br>58                               |                            |                            |                            |    |
| <b>12. Do you think that your smoking affects your health now?</b>  |   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK   |                            |                            | 59                                     |                            |                            |                            |    |
| <b>13. How likely do you think it is that you will have serious health problems from smoking if you continue to smoke? Do you think it is unlikely, somewhat likely, or very likely?</b>  |   | 1 <input type="checkbox"/> Unlikely<br>2 <input type="checkbox"/> Somewhat likely<br>3 <input type="checkbox"/> Very likely  |                            |                            | 60                                     |                            |                            |                            |    |
| <b>14a. In the past year have you seen a –</b>  |   | Ask for each "Yes" in 14a.<br><b>b. During the past year, did any ... advise you to stop smoking?</b>  |                            |                            |  |                            |                            |                            |    |
|   |   | Yes  | No                         | DK                         | Yes                                    | No                         | DK                         |                            |    |
| (1) Medical doctor? .....   |   | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 61                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 62 |
| (2) Dentist? .....  |   | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 63                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 64 |
| <b>ITEM U3</b>  | Refer to question 14b(1) and 14b(2) to determine if medical doctor or dentist advised the SP to stop smoking. | 1 <input type="checkbox"/> Yes in 14b(1) or 14b(2) (16)<br>2 <input type="checkbox"/> All others (15)  |                            |                            | 65                                     |                            |                            |                            |    |
| <b>15. Has a medical doctor or dentist EVER advised you to stop smoking?</b>  |   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK   |                            |                            | 66                                     |                            |                            |                            |    |
| <b>16a. Are you seriously considering stopping within the next 6 months?</b>  |   | 1 <input type="checkbox"/> Yes (16b)<br>2 <input type="checkbox"/> No (17)<br>9 <input type="checkbox"/> DK (16b)  |                            |                            | 67                                     |                            |                            |                            |    |
| <b>b. Are you planning to stop within the next 30 days?</b>   |   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK   |                            |                            | 68                                     |                            |                            |                            |    |
| <b>17. About how often in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke? Never, once or twice, several times, or many times?</b>  |   | 0 <input type="checkbox"/> Never<br>1 <input type="checkbox"/> Once or twice<br>2 <input type="checkbox"/> Several times<br>3 <input type="checkbox"/> Many times  |                            |                            | 69                                     |                            |                            |                            |    |
|   |   | } (Section W)  |                            |                            |  |                            |                            |                            |    |

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| Section V — FORMER SMOKER  |  |   |  |     |
|--|--|---|--|-----|
| 1. Have you EVER smoked cigarettes every day for at least 6 months?  | 1 <input type="checkbox"/> Yes (3)<br>2 <input type="checkbox"/> No } (2)<br>9 <input type="checkbox"/> DK   |   | 70                                     |     |
| 2. How long has it been since you completely stopped smoking cigarettes?   | (Number) $\left\{ \begin{array}{l} 1 \text{  Days} \\ 2 \text{  Weeks} \\ 3 \text{  Months} \\ 4 \text{  Years} \end{array} \right\}$ (7)<br>999 <input type="checkbox"/> DK (7)   |   | 71-73                                  |     |
| 3a. About how long has it been since you last smoked cigarettes every day?   | (Number) $\left\{ \begin{array}{l} 1 \text{  Days} \\ 2 \text{  Weeks} \\ 3 \text{  Months} \\ 4 \text{  Years} \end{array} \right\}$ (4)<br>999 <input type="checkbox"/> DK (3b)<br><i>If 1 year or 12 months ago, go to 3b; otherwise go to 4.</i>   |   | 74-76                                  |     |
| b. Was it within the past year or a year or more ago?  | 1 <input type="checkbox"/> Within the past year<br>2 <input type="checkbox"/> 1 year or more<br>9 <input type="checkbox"/> DK  |   | 77                                     |     |
| 4. On the average, how many cigarettes did you smoke a day when you last smoked every day?   | (Number) Cigarettes per day<br>99 <input type="checkbox"/> DK  |   | 78-79                                  |     |
| 5. What is the total number of years you smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer.                        | 00 <input type="checkbox"/> None or less than one year<br>____ Years   |   | 80-81                                  |     |
| 6. In your whole life, how many times have you stopped smoking for one day or longer, including the last time?   | (Number) Times<br>99 <input type="checkbox"/> DK   |   | 82-83                                  |     |
| <i>HAND CARD U1.</i>   |  |   |  |     |
| 7. When you stopped smoking completely, did you stop on purpose, were you sick, or was there some other reason you couldn't smoke?<br><i>Mark each that applies.</i> | 1 <input type="checkbox"/> I stopped on purpose<br>2 <input type="checkbox"/> I could not smoke because I was sick<br>8 <input type="checkbox"/> I could not smoke for some other reason<br>9 <input type="checkbox"/> DK  |   | 84<br>85<br>86<br>87                   |     |
| <b>ITEM V1</b>   | Refer to question 7.   | 1 <input type="checkbox"/> Box 2, Stopped for sickness ONLY (10)<br>2 <input type="checkbox"/> All others (8) | 88                                     |     |
| <i>HAND CARD U2. Read each category if telephone interview.</i>  |  |   |  |     |
| 8. When you stopped smoking completely, what were the reasons you stopped?<br><i>Mark each that applies.</i>   | 1 <input type="checkbox"/> Concern about my future health<br>2 <input type="checkbox"/> Concern about my health at the time<br>3 <input type="checkbox"/> Pressure from family and friends<br>4 <input type="checkbox"/> Cost of cigarettes<br>5 <input type="checkbox"/> Pregnancy<br>8 <input type="checkbox"/> Some other reason (Specify) $\nabla$<br>_____<br>9 <input type="checkbox"/> DK |   | 89<br>90<br>91<br>92<br>93<br>94<br>95 |     |
| 9. When you stopped smoking cigarettes completely, did you —   | Yes  | No  | DK                                     |     |
| (1) Stop smoking along with friends or relatives who were also trying to quit? .....   | (1) 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             | 96  |
| (2) Use a prescription chewing gum called "Nicorette"? .....   | (2) 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             | 97  |
| (3) Follow instructions in a pamphlet or book? .....   | (3) 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             | 98  |
| (4) Use a stop-smoking clinic or program? .....  | (4) 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             | 99  |
| (5) Stop all at once, or stop "cold turkey"? .....   | (5) 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             | 100 |
| (6) Use any other method? .....  | (6) 1 <input type="checkbox"/> Specify $\nabla$  | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             | 101 |
| 10. When trying to stop smoking, did you EVER —  | Yes  | No  | DK                                     | 102 |
| a. gradually decrease the number of cigarettes you smoked in a day? .....  | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             | 103 |
| b. switch to lower tar or nicotine cigarettes? .....   | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>  | 9 <input type="checkbox"/>             |     |

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| Section W — OTHER TOBACCO USE   |  | RT 93 |
|---|--|-------|
|   |  | 3-4   |
| These next questions are about other tobacco products.  |  | 5     |
| 1a. Have you ever smoked a pipe?  | <input type="checkbox"/> Yes (1b)<br><input type="checkbox"/> No } (2)<br><input type="checkbox"/> DK  |       |
| b. Have you smoked a pipe at least 50 times in your entire life?                                      | <input type="checkbox"/> Yes (1c)<br><input type="checkbox"/> No } (2)<br><input type="checkbox"/> DK  | 6     |
| c. Do you smoke a pipe now?   | <input type="checkbox"/> Yes (1d)<br><input type="checkbox"/> No (2)   | 7     |
| d. On the average, how many days per month do you smoke a pipe?                                       | <input type="checkbox"/> Less than one day a month<br><br>_____ Days per month<br><input type="checkbox"/> Every day<br><input type="checkbox"/> DK          | 8-9   |
| 2a. Have you ever smoked cigars?  | <input type="checkbox"/> Yes (2b)<br><input type="checkbox"/> No } (3)<br><input type="checkbox"/> DK  | 10    |
| b. Have you smoked at least 50 cigars in your entire life?  | <input type="checkbox"/> Yes (2c)<br><input type="checkbox"/> No } (3)<br><input type="checkbox"/> DK  | 11    |
| c. Do you smoke cigars now?   | <input type="checkbox"/> Yes (2d)<br><input type="checkbox"/> No (3)   | 12    |
| d. On the average, how many days per month do you smoke cigars?                                       | <input type="checkbox"/> Less than one day a month<br><br>_____ Days per month<br><input type="checkbox"/> Every day<br><input type="checkbox"/> DK          | 13-14 |
| 3a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?                            | <input type="checkbox"/> Yes (3b)<br><input type="checkbox"/> No } (4)<br><input type="checkbox"/> DK  | 15    |
| b. Have you used snuff at least 20 times in your entire life?   | <input type="checkbox"/> Yes (3c)<br><input type="checkbox"/> No } (4)<br><input type="checkbox"/> DK  | 16    |
| c. How old were you when you first used snuff?  | _____ Age<br><input type="checkbox"/> DK   | 17-18 |
| d. Do you use snuff now?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | 19    |
| e. Altogether, about how long [have you used/did you use] snuff?                                      | <input type="checkbox"/> Less than one month<br><br>_____ { <input type="checkbox"/> Months<br><input type="checkbox"/> Years<br><input type="checkbox"/> DK | 20-22 |
| f. On the average, how many days per month [do/did] you use it?                                       | <input type="checkbox"/> Less than one day a month<br><br>_____ Days per month<br><input type="checkbox"/> Every day<br><input type="checkbox"/> DK          | 23-24 |
| g. On the days that you use(d) snuff, how many times [do/did] you use it?                             | <input type="checkbox"/> Less than one time per day<br><br>_____ Time(s) per day<br><input type="checkbox"/> DK  | 25-26 |
| h. [Do/Did] you use snuff by sniffing it or by placing it in your mouth?<br><br><i>Mark only one.</i> | <input type="checkbox"/> Sniffing<br><input type="checkbox"/> Mouth<br><input type="checkbox"/> Both   | 27    |

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| Section W — OTHER TOBACCO USE — Continued   |  |                            |                            |       |
|---|--|----------------------------|----------------------------|-------|
| <b>3i. Have you EVER been advised to stop using snuff by a —</b>  | Yes  | No                         | DK                         |       |
| (1) Medical doctor? .....   | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 28    |
| (2) Dentist? .....  | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 29    |
| <b>4a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?</b>   | 1 <input type="checkbox"/> Yes (4b)<br>2 <input type="checkbox"/> No } (5)<br>9 <input type="checkbox"/> DK }  |                            |                            | 30    |
| <b>b. Have you used chewing tobacco at least 20 times in your entire life?</b>  | 1 <input type="checkbox"/> Yes (4c)<br>2 <input type="checkbox"/> No } (5)<br>9 <input type="checkbox"/> DK }  |                            |                            | 31    |
| <b>c. How old were you when you first used chewing tobacco?</b>   | _____ Age<br>99 <input type="checkbox"/> DK  |                            |                            | 32-33 |
| <b>d. Do you use chewing tobacco now?</b>   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No  |                            |                            | 34    |
| <b>e. Altogether, about how long [have you used/ did you use] chewing tobacco?</b>  | 000 <input type="checkbox"/> Less than one month<br>_____ { 1 <input type="checkbox"/> Months<br>2 <input type="checkbox"/> Years<br>999 <input type="checkbox"/> DK |                            |                            | 35-37 |
| <b>f. On the average, how many days per month [do/did] you use it?</b>  | 00 <input type="checkbox"/> Less than one day a month<br>_____ Days per month<br>30 <input type="checkbox"/> Every day<br>99 <input type="checkbox"/> DK             |                            |                            | 38-39 |
| <b>g. On the days that you use(d) chewing tobacco, how many times [do/did] you use it?</b>  | 00 <input type="checkbox"/> Less than one time per day<br>_____ Time(s) per day<br>99 <input type="checkbox"/> DK  |                            |                            | 40-41 |
| <b>h. Have you EVER been advised to stop using chewing tobacco by a —</b>   | Yes  | No                         | DK                         |       |
| (1) Medical doctor? .....   | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 42    |
| (2) Dentist? .....  | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 43    |
| <b>5. Now I am going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you agree, disagree, or have no opinion.</b> | AGREE/YES  | DISAGREE/NO                | NO OPINION/DK              |       |
| <b>a. So many things cause cancer that it doesn't really matter if you smoke</b>  | a. 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 44    |
| <b>b. Smoking by a pregnant woman may harm the baby</b>   | b. 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 45    |
| <b>c. The smoke from other people's cigarettes is harmful to you</b>  | c. 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 46    |
| <b>d. Most deaths from LUNG CANCER are caused by cigarette smoking</b>  | d. 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 47    |
| <b>e. Smoking should not be allowed in indoor public places</b>   | e. 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 48    |
| <b>f. Even if a person has smoked for more than 20 years, there is a health benefit to quitting</b>   | f. 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 49    |

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| Section W — OTHER TOBACCO USE — Continued   |   |
|---|---|
| <p><b>6a. Do you think smoking is a habit, an addiction, neither, or both?</b></p>  | <p>1 <input type="checkbox"/> Habit<br/>                 2 <input type="checkbox"/> Addiction<br/>                 3 <input type="checkbox"/> Neither<br/>                 4 <input type="checkbox"/> Both<br/>                 9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>50</b></p>   |
| <p><b>b. In general, would you say that the smoke from other people's cigarettes is not at all annoying to you, somewhat annoying to you, or very annoying to you?</b></p>  | <p>0 <input type="checkbox"/> Not annoying at all<br/>                 1 <input type="checkbox"/> Somewhat annoying<br/>                 2 <input type="checkbox"/> Very annoying<br/>                 9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>51</b></p>  |
| <p><b>ITEM W1</b></p> <p><i>Refer to question 3, page 22, Section T, to determine if SP smokes cigarettes now.</i></p>  | <p>1 <input type="checkbox"/> Smokes cigarettes now (7)<br/>                 8 <input type="checkbox"/> All other (8)</p> <p style="text-align: right;"><b>52</b></p>   |
| <p><i>HAND CARD W. Read categories if telephone interview.</i></p> <p><b>7. When you are inside a public place that has no rules about smoking, what are you most likely to do?</b></p> <p><i>Mark only one.</i></p>                | <p>1 <input type="checkbox"/> Light up a cigarette and smoke if you wish<br/>                 2 <input type="checkbox"/> Look around to see if others are smoking and then light up<br/>                 3 <input type="checkbox"/> Ask if others would mind<br/>                 4 <input type="checkbox"/> Just not smoke<br/>                 8 <input type="checkbox"/> Do something else (Specify) <input checked="" type="checkbox"/></p> <p>_____</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>53</b></p> |
| <p><b>8. When you are inside a public place that has no rules about smoking and someone else lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away, do nothing, or something else?</b></p> | <p>1 <input type="checkbox"/> Ask person not to smoke<br/>                 2 <input type="checkbox"/> Move away<br/>                 3 <input type="checkbox"/> Do nothing<br/>                 8 <input type="checkbox"/> Do something else (Specify) <input checked="" type="checkbox"/></p> <p>_____</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>54</b></p>  |
| <p><b>9. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?</b></p>  | <p>1 <input type="checkbox"/> Yes (10)<br/>                 2 <input type="checkbox"/> No<br/>                 9 <input type="checkbox"/> DK } (Section X)</p> <p style="text-align: right;"><b>55</b></p>  |
| <p><b>10. On an average week day, how many people smoke anywhere inside this home?</b></p>  | <p>_____ Number of smokers</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>56</b></p>   |
| <p><b>11. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?</b></p>  | <p>0 <input type="checkbox"/> Less than one day per week/Rarely<br/>                 7 <input type="checkbox"/> Every day</p> <p>_____ Days per week<br/>                 (Number)</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>57</b></p>   |

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| Section X — WORKPLACE TOBACCO SMOKE  |   |  |       |
|--|---|--|-------|
| <b>ITEM X1</b>   | Refer to SP's "Wa/Wb" boxes in C1 on HIS-1. | 1 <input type="checkbox"/> Wa or Wb box marked (Item X2)<br>8 <input type="checkbox"/> Other (Section Y)   | 58    |
| <b>ITEM X2</b>   | Refer to SP's 6g, page 44 or 45 on HIS-1.   | 1 <input type="checkbox"/> Entry of P, F, S, or L (1)<br>8 <input type="checkbox"/> Other (Section Y)  | 59    |
| <b>These next questions are about smoking in the workplace.</b>  |   |  | 60    |
| <b>1. Earlier [you told me/I was told] that you were employed during the past two weeks. Is that correct?</b>  |   | 1 <input type="checkbox"/> Yes (2)<br>2 <input type="checkbox"/> No (Section Y)<br>9 <input type="checkbox"/> DK (2)   |       |
| <b>2a. Altogether, does your employer have 50 or more employees?</b>   |   | 1 <input type="checkbox"/> Yes (2b)<br>2 <input type="checkbox"/> No } (2c)<br>9 <input type="checkbox"/> DK }   | 61    |
| <b>b. Does your employer have 50 or more employees at the building or location where you work?</b>   |   | 1 <input type="checkbox"/> Yes (3)<br>2 <input type="checkbox"/> No } (2c)<br>9 <input type="checkbox"/> DK }  | 62    |
| <b>c. Does your employer have 5 or more employees at the building or location where you work?</b>  |   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK   | 63    |
| <i>HAND CARD X1. Read ALL categories if telephone interview.</i>   |   |  | 64-65 |
| <b>3. Which of these best describes the area in which you work most of the time?</b><br><i>Mark only one.</i>  |   | 01 <input type="checkbox"/> Private enclosed office with door<br>02 <input type="checkbox"/> Enclosed office with door shared with one or more other persons<br>03 <input type="checkbox"/> Cubicle<br>04 <input type="checkbox"/> Open area<br>05 <input type="checkbox"/> Classroom<br>06 <input type="checkbox"/> Hospital (not an office)<br>07 <input type="checkbox"/> In a home<br>08 <input type="checkbox"/> In one building, but no regular work area } (5)<br>09 <input type="checkbox"/> Mainly work outdoors } (7)<br>10 <input type="checkbox"/> Travel to different buildings or sites }<br>11 <input type="checkbox"/> In a motor vehicle }<br>98 <input type="checkbox"/> Other (Specify) →<br>99 <input type="checkbox"/> DK |       |
| <b>4a. During the past 2 weeks, has anyone smoked in your IMMEDIATE work area?</b>   |   | 1 <input type="checkbox"/> Yes (4b)<br>2 <input type="checkbox"/> No<br>3 <input type="checkbox"/> Did not work in past 2 weeks } (5)<br>9 <input type="checkbox"/> DK (4b)  | 66    |
| <b>b. During the past 2 weeks, have you ever been bothered by cigarette smoke in your immediate work area?</b>   |   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK   | 67    |
| <b>5a. Does your employer have an official policy that restricts smoking in any way?</b>   |   | 1 <input type="checkbox"/> Yes (5b)<br>2 <input type="checkbox"/> No } (Item X3)<br>9 <input type="checkbox"/> DK }  | 68    |
| <i>HAND CARD X2. Read ALL categories if telephone interview.</i>   |   |  | 69    |
| <b>b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?</b><br><i>Mark only one.</i> |   | 1 <input type="checkbox"/> Not allowed in ANY indoor or common public areas<br>2 <input type="checkbox"/> Allowed in SOME public areas, including designated smoking areas<br>3 <input type="checkbox"/> Allowed in ALL indoor or common public areas<br>4 <input type="checkbox"/> Not applicable, no policy for these areas<br>9 <input type="checkbox"/> DK   |       |
| <i>HAND CARD X3. Read ALL categories if telephone interview.</i>   |   |  | 70    |
| <b>c. Which of these best describes your employer's smoking policy for work areas?</b><br><i>Mark only one.</i>  |   | 1 <input type="checkbox"/> Not allowed in ANY work areas (6)<br>2 <input type="checkbox"/> Allowed in SOME work areas (5d)<br>3 <input type="checkbox"/> Allowed in ALL work areas (Item X3)<br>4 <input type="checkbox"/> Not applicable, no policy for these areas } (5d)<br>9 <input type="checkbox"/> DK }   |       |
| <b>d. Is smoking allowed in YOUR immediate work area?</b>  |   | 1 <input type="checkbox"/> Yes (Item X3)<br>2 <input type="checkbox"/> No } (6)<br>9 <input type="checkbox"/> DK }   | 71    |

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| Section X — WORKPLACE TOBACCO SMOKE — Continued   |  |    |
|---|--|----|
| 6a. Are there ever customers or clients in your work area, that is, people who do not work for your employer? | 1 <input type="checkbox"/> Yes (8b)<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK } (Item X3)  | 72 |
| b. Are these people allowed to smoke in your work area?   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK   | 73 |
| 7. Does your employer offer a stop smoking program or any other help to employees who want to quit smoking?   | 1 <input type="checkbox"/> Yes (Item X3)<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK } (Section Y)   | 74 |
| <b>ITEM X3</b>  | Refer to question 3, page 22, Section T, to determine if SP is a current smoker.   | 75 |
| 8a. Do you ever smoke during the time you are at work?  | 1 <input type="checkbox"/> Yes (8b)<br>2 <input type="checkbox"/> No<br>9 <input type="checkbox"/> DK } (8c)   | 76 |
| HAND CARD X4.   |  | 77 |
| b. Where?   | 1 <input type="checkbox"/> In my work area<br>2 <input type="checkbox"/> In a public area, such as a restroom, lunchroom, lobby, or other smoking area<br>3 <input type="checkbox"/> Outside the building<br>4 <input type="checkbox"/> Not applicable — I work outside or at different sites<br>9 <input type="checkbox"/> DK | 78 |
| Mark all that apply.  |  | 79 |
|   |  | 80 |
|   |  | 81 |
| c. Do you feel that you smoke fewer cigarettes per day because of your employer's smoking policy?             | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No  | 82 |
| ASK OR VERIFY:  |  | 83 |
| 9. Have you joined any quit smoking programs at work in the past year?  | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>3 <input type="checkbox"/> Quit more than 1 year ago<br>9 <input type="checkbox"/> DK   |    |